

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53		/				
4	/						54						
5	/						55						
6	/						56						
7	/						57						
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37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45		/					95						
46	/						96						
47	/						97						
48	/						98						
49		/					99						
50	/						100						
TOTAL IND.							TOTAL IND.	49					
TOTAL DEP.							TOTAL DEP.	4					
TOTAL CLAIMS							TOTAL CLAIMS	53					